

Seminole Nation of Oklahoma
Tribal Enrollment Office
P.O. Box 1498
Wewoka, OK 74884-1498
(405) 257-7244

REQUEST FOR ENROLLMENT APPLICATION FOR ADULT FREEDMAN

I, _____, DOB: _____, Social Security No: _____
being first duly sworn and under oath, state the following, under penalty of perjury:

1. I understand that violation of this oath is subject to criminal prosecution in the Court of Indian Offenses, Bureau of Indian Affairs, Wewoka Agency, and hereby consent to the jurisdiction of said court for said purpose in the event that any statement contained herein is false.

2. I understand that I must submit a Social Security Card with an unbroken chain of Original Certified Birth/ Death Certificated with a Certified copy of a "PATENT DEED RECORD" from the County Clerk of Seminole County, Wewoka, OK. Roll No., and Name descending from the Final rolls of the Seminole Nation of Oklahoma approved pursuant to Sect. 2 of April 26, 1906 (34 Stat. 137) with this request form to receive an enrollment application. If you do not have **originals**, we will not be able to honor your request. If you have any questions, call (405) 257-7244.

Roll Number: _____ Name: _____ Relationship: _____

3. I understand that I cannot receive an enrollment application form from the Enrollment Office of the Seminole Nation of Oklahoma if I am currently or if I have ever been, a member of another Indian Tribe, Nation, Band, Pueblo, Rancheria, or Alaskan Native Village, of any other Federally recognized Native American entity.

5. I further state under penalty of perjury (check one of the following and circle as required):

___ I am not currently nor have I ever been, a member of another Indian Tribe, Nation, Band, Pueblo, Rancheria, or Alaskan Native Village, or any other federally recognized Native American entity. **I (circle one) am am not,** a descendent of, or otherwise eligible for membership with another Indian Tribe, Nation, Band, Pueblo, Rancheria or Alaskan Native Village, or any other federally recognized Native American entity.

___ I am currently, or in the past I have been, a member of another Indian Tribe, Nation, Band, Pueblo, Rancheria or Alaskan Native Village, or any other federally recognized Native American entity. Provide Name of Tribe: _____.

I have read and understand the above statements and I certify that the facts contained in this request form are true and correct to the best of my knowledge and understanding. Any false statement or misrepresentation of the facts will result in this Request for Enrollment Application being denied. (All legal documents will be returned by mail).

Date: _____

Signature: _____

Address: _____

City/State/Zip: _____

SEAL

Subscribed and sworn to before me this ____ day of _____, 20____

My Commission Expires: _____

Notary Public _____

(This form is to be Notarized before mailing with all documents, or bring all documents with this form in to be Notarized.)